

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Jason Schultz

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Jason Schultz

Political Party (if applicable)

Republican

Office Sought

Iowa House of Representatives

District (if Senate or House)

5th

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1715

Logged In

0

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Jason Schultz

SIGNATURE OF PERSON FILING REPORT

(712) 676-2109

TELEPHONE

01-18-08

DATE SIGNED

I AM FILING A Jan. 19th, 2007 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

8993.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

1059.00

7933.34

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Jason Schultz

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-4-07	ID# CK# 1600	Jason Schultz, 18 Valley View Cir. Schleswig, IA, 51461	Self	\$ 50.00	<input type="checkbox"/>
10-5-07	ID# CK# 6515	Dale & Mary Reese PO. Box 236, Schleswig, IA, 51461		\$ 100.00	<input type="checkbox"/>
10-11-07	ID# CK# 6155	Iowans for Tax Relief PAC 2610 Park Ave. Muscatine IA 52761		\$ 5000.00	<input type="checkbox"/>
10-13-07	ID# CK# 6265	Fred Backhaus 2606 12 ave. S., Denison, IA, 51442		\$ 100.00	<input type="checkbox"/>
10-22-07	ID# CK# 2268	Lauren & Fran Melitz 403 Date St. Schleswig, IA, 51461		\$ 100.00	<input type="checkbox"/>
11-13-07	ID# CK# 2396	DeWayne & Denise Schultz 1045 140th St. Dambury, IA, 51019	Father & Mother	\$ 500.00	<input type="checkbox"/>
11-13-07	ID# CK# 1682	Jason Schultz 18 Valley View Cir. Schleswig, IA, 51461	Self	\$ 1000.00	<input type="checkbox"/>
11-14-07	ID# CK# 9417	Richard and Marie Peters 18 Cedar St., Schleswig, IA, 51461		\$ 25.00	<input type="checkbox"/>
11-14-07	ID# CK# 5750	Dale & Lynda Wiebers 1560, 120th St., Charter Oak, IA 51439		\$ 20.00	<input type="checkbox"/>
11-14-07	ID# CK# 2785	Wade & Andrea Gurney 411 Hickory St, Schleswig, IA, 51461		\$ 50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 6951.00

TOTAL (If last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)Friends of Jason Schultz

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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11-14-07	ID# CK# 2831	Gaylen & Manuel Robinson 1620 210th St, Schleswig, IA, 51461		\$ 112.00	<input type="checkbox"/>
11-14-07	ID# CK# 2024	Barbara Boeck 910 Valley View Dr. Schleswig, IA, 51461		\$ 112.00	<input type="checkbox"/>
11-14-07	ID# CK# 6776	Kay & Dale Reese 304 Valley View Dr. Schleswig, IA, 51461		\$ 112.00	<input type="checkbox"/>
11-16-07	ID# CK# 15190	Tom & Karen Muff 1608 Nelson Park Road Dows City, IA, 51528		\$ 100.00	<input type="checkbox"/>
11-16-07	ID# CK# 4498	Larry & Pat Wiebers PO Box 66, Schleswig, IA, 51461		\$ 30.00	<input type="checkbox"/>
11-16-07	ID# CK# 4281	Jon & Linda Sailer 201 Glad St., Schleswig, IA 51461		\$ 25.00	<input type="checkbox"/>
11-17-07	ID# CK# 5725	Kenneth Bower 422 Clara St., Battle Cr., IA, 51006		\$ 112.00	<input type="checkbox"/>
11-21-07	ID# CK# 4777	Jason Wiebers 1102 N. 16th St., Denison, IA, 51442		\$ 56.00	<input type="checkbox"/>
11-21-07	ID# CK# 5094	Rodger & Marlene Larson 28 Lemon St., Keosauqua, IA, 51448		\$ 56.00	<input type="checkbox"/>
11-21-07	ID# CK# 8410	Jon & Nathan Stentjens 2404 12th Ave S. Denison, IA, 51442		\$ 180.00	<input type="checkbox"/>

SUB-TOTAL

\$ 783.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)Friends of Jason Schultz

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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11-21-07	ID# CK# 1125	Rev. Eugene & Vivian Ernst 3319 Keystone Ave, Fda Grove, IA 51445		\$ 25.00	<input type="checkbox"/>
11-21-07	ID# CK# 5955	Vern & Karen Wood 912 Valley View Dr., Schleswig, IA 51461		\$ 120.00	<input type="checkbox"/>
11-21-07	ID# CK# 10835	Roger & Karen Bumann 2981 Harvest Ave, Fda Grove, IA 51445		\$ 56.00	<input type="checkbox"/>
11-23-07	ID# CK# 5428	Leroy & Marlene Hight 1220 Hwy 59, Schleswig		\$ 25.00	<input type="checkbox"/>
11-26-07	ID# CK# 9071	Michael & Tracy Beech 1780 Hwy 59, Denison, IA, 51412		\$ 100.00	<input type="checkbox"/>
11-26-07	ID# CK# 2608	Donald & Judith Clausen PO Box 435, Schleswig, IA, 51461		\$ 25.00	<input type="checkbox"/>
11-26-07	ID# CK# 2455	Doug Soester 107 E. 2nd St. / PO Box 470 Holstein, IA, 51025		\$ 112.00	<input type="checkbox"/>
11-29-07	ID# CK# 4202	Scot & Lori Aden 314 6th St. Schleswig, IA. 51461		\$ 56.00	<input type="checkbox"/>
12-1-07	ID# CK# 1719	Anna Taut, 14 Cardle Drive, Schleswig, IA, 51461		\$ 25.00	<input type="checkbox"/>
12-8-07	ID# CK# 10586	Gary & Linda Reimer 1734 E Ave., Schleswig, IA 51461		\$ 28.00	<input type="checkbox"/>

SUB-TOTAL

\$ 8408

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)Friends of Jason Schultz

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12-8-07	ID# CK# 1988	Orville + Marie Riessen 311 N. 12th St. Apt. 102, Denison, IA 51412		\$ 20.00	<input type="checkbox"/>
12-8-07	ID# CK# 1865	Kathryn Clausen 214 Hickory St. Schleswig, IA 51461	Mother-in-Law	\$ 200.00	<input type="checkbox"/>
12-12-07	ID# CK# 5467	Dirk & Andrea Peters, 8440 Century Dr. W. Des Moines, IA, 50266		\$ 108.00	<input type="checkbox"/>
12-12-07	ID# CK# 7949	John Larson PO Box 214, Kiron, IA, 51448		\$ 56.00	<input type="checkbox"/>
12-12-07	ID# CK# Cash	Gene Mitchell 312 Grand St. Schleswig, IA, 51461		\$ 60.00	<input type="checkbox"/>
12-26-07	ID# CK# 4474	Jarrod Reimer 1370 160th St. Charter Oak, IA, 51439		\$ 56.00	<input type="checkbox"/>
12-26-07	ID# CK# 1675	Shae Hansen 18, 1st St. Schleswig, IA, 51461		\$ 25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (if last page of this schedule)

\$ 8993.00

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Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURESCHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Jason Schultz

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-15-07	ID# CK# 1032	OP Printing 2610 Park Ave. Muscatine, IA, 52761	Purchase of bus. cards, signs, note cards & envelopes.	\$ 509.31
10-23-07	ID# CK# Electronic Withdrawal	United Bank of Iowa, Schleswig, IA	Checks	16.95
10-25-07	ID# CK# 1031	Post Master, Schleswig, IA. 51461	Postage	82.00
11-16-07	ID# CK#	OP Printing 2610 Park Ave. Muscatine, IA, 52761	Printing & Purchase of letters, reply cards, envelopes & mail return.	451.40
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 1059.66

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Jason Schultz

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11-26-07	Derrick & Amanda Bruhn 1676 210th St., Denison, IA, 51442		200 Stamps (Postage)	\$ 82.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 82.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule E)